PTO/SB/22 (01-08)
Approved for use through 01/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

THE TION FOR EXTENSION OF TIME UNDER	Docket Number (Optional)				
FY 2008	251502008600				
(Fees pursuant to the Consolidated Appropriations Act Application Number 09/089,87	Filed June 4, 1998				
Application Number 09/089,87		riieu J	une 4, 1990		
For HIGH-ACTIVITY PHYTASE COMPOSITION	IS	•			
Art Unit 1652	Examiner D. Ramirez				
This is a request under the provisions of 37 CFR 1.136 application.	δ(a) to extend the peri	od for filing a reply in th	ne above identified		
The requested extension and fee are as follows (check	k time period desired a	and enter the appropria	ite fee below):		
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$		
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$		
X Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1,050.00		
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$		
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$		
Applicant claims small entity status. See 37 A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is The Director has already been authorized to the Director is hereby authorized to charge Deposit Account Number 03-1952	attached. charge fees in this a any fees which may have enclose Transmittal for submission in	be required, or credited a duplicate copy of m (PTO/SB/17) is attacted to the duplicate.	any overpayment, to this sheet. Fee ached to this		
WARNING: Information on this form may become Provide credit card information and authorization		formation should not be	included on this form.		
I am the applicant/inventor. assignee of record of the entire Statement under 37 CFF					
x attorney or agent of record. R	egistration Number	60,440			
attorney or agent under 37 CF Registration number if arting		·			
Signature	January 24, 2008 Date				
Yan Leychkis	(858) 314-7702				
Typed or printed name	Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of th than one signature is required, see below.	e entire interest or their repr	esentative(s) are required. So	ubmit multiple forms if more		
X Total of 1 forms are sub	omitted.				

01/28/2008 EKAILE1 00000002 031952

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PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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<u>Ö</u> junder the	e Paperwork Reduction A	ct of 1995, no person are	required to	respond to a col	lection of inf	ormation unless it dis	plays a valid (OMB control nur	
Effective on 12/08/2004.				Complete if Known					
Trees pursuant to the Consolidated Appropriations Act, 2005 (H.K. 4818).			818). A	Application Number		09/089,871			
FEE TRANSMITTAL			Fi			June 4, 1998			
For FY 2008			Fi	First Named Inventor		Rudolf Carolus Maria BARENDSE			
			E	Examiner Name D		D. Ramirez			
Applicant claims small entity status. See 37 CFR 1.27				t Unit		1652			
TOTAL AMOUNT OF PAYMENT (\$) 1,050.00				Attorney Docket No. 251502008600					
METHOD OF	PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	None	Other (p	olease identi:	fy):			
x Deposit Acc	Ount Deposit Account A	Number: 03-19	_ 52	Deposit A	Account Name	e: Morrison	& Foerste	r LLP	
		sit account, the Direct	ctor is he	reby authorize	d to: (che	ck all that apply)			
	arge fee(s) indicated					dicated below, ex	cept for th	e filing fee	
	arge any additional f (s) under 37 CFR 1.	ee(s) or underpayme	nts of	x Credit	any overp	ayments			
FEE CALCUL	``			, 		·			
1. BASIC FILING	, SEARCH, AND E	XAMINATION FEES							
	FII	LING FEES	SEAR	CH FEES	EXAMI	NATION FEES			
Application Ty	pe Fee (\$	Small Entity) Fee (\$) F	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105-	0 .	0	0	0			
2. EXCESS CLA	IM FEES							Small Entity	
Fee Description	00 (1 1 11 75 1						Fee (\$)	Fee (\$)	
	20 (including Reiss	·					50	25 105	
Multiple depend	nt claim over 3 (incl	uding Reissues)					210 370	105 185	
Total Claims	Extra Claims	Fee (\$)	Fee Paid	d (\$)	M	lultiple Depend <u>e</u>		103	
Total Claims		(=	100101	<u>- (Ψ/</u>	_		ee Paid (\$	1	
HP = highest numb	er of total claims paid for	, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid	d (\$)					
HP = highest numb		paid for, if greater than 3							
3. APPLICATION If the specificate listings under	N SIZE FEE ion and drawings exer 37 CFR 1.52(e)),	sceed 100 sheets of p the application size f 5 U.S.C. 41(a)(1)(G	oaper (ex fee due is	s \$260 (\$130 f)	
Total Sheets		•		tional 50 or frac	tion there	of Fee (\$)	Fee F	Paid (\$)	
		/50 =					=		
4. OTHER FEE(S	•	0 fee (no small entity	/ discour	nt)			Fees	Paid (\$)	
_	•	: 1253 Extension f			ird mont	h	1,0	50.00	
SUBMITTED BY	71	7) 1)							
Signature	C Jan &	inhli		gistration No. torney/Agent)	60,440	Telephone	(858) 314	4-7702	
Name (Print/Type)	Yan Leychkis		- 100	Date January 24, 2008					
									